

A Six-Question Flu Assessment Guideline for Parents

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- **You agree that a written protocol cannot anticipate every possible medical situation.** Therefore, the protocol is to be used as a guide to help a parent think about a child's problem. It should not be used as a sole source of information regarding a child's problem. And it should never be used as a substitute for a parent's judgment. If you, as the parent, feel strongly that your child needs to be seen by a physician, you should arrange for your child to be seen by a health care provider. **You agree that your child is not in a life-threatening situation.** In particular, your child is **not**:
 - a) unconscious or difficult to arouse
 - b) having marked difficulty breathing
 - c) blue in the face
 - d) so sick that you are frightened that something is terribly wrong. And you agree to keep this description of "life-threatening" in mind and call 911 regardless of other protocol recommendations if your child appears to be in a life-threatening situation.
- **You agree to read the information accompanying each question in the protocol before you answer the question.**
- **You agree as the caregiver, you are the final judge in seeking care.** Therefore, you accept any and all financial responsibilities associated with the care you have chosen for your child.
- **You agree that as the flu season continues, recommendations may change.** Physicians at East Tennessee Children's Hospital are monitoring national influenza trends as well as CDC guidelines to provide the most up-to-date advice. Therefore, this advice may change without notification.

1. Using the description in the box below, do you think that your child has the Flu? → No Do not use this guideline.

Yes
↓

The Flu this year is causing many symptoms. Most children will have **Fever** AND either **cough** or **sore throat**. Other symptoms include vomiting, diarrhea, red eyes and runny nose. If your child has been around others who seem to have the Flu, this makes it more likely that your child has the Flu.

2. Do any of the descriptions in the box below fit your child? → Yes Go to an Emergency Room Now (An Immediate Care Center is OK for a 3-6 month old who is alert, not dehydrated and breathing normally)

No
↓

- Age less than 12 weeks and fever over 100.3
- Age 3-6 months and fever over 102.2
- Dehydrated (no tears, making very little urine, drinking very little)
- Rash consisting of reddish-purple spots or splotches in a child who is lethargic or “sluggish”
- Labored breathing such as:
 - Grunting with each breath
 - Wheezing
 - Flaring or widening nostrils with each breath
 - Retracting (the skin between the ribs sinks in more than usual with each breath)

3. Do any of the descriptions in the box below fit your child or teenager? → Yes Have a doctor examine your child soon. Your child is at increased risk for complications from the Flu.

No
↓

- Pregnant
- VERY overweight (not just a few pounds!)
- Has an ongoing health problem such as:
 - Immune deficiency (diagnosed by a doctor as having a problem fighting infections or taking daily steroids or aspirin)
 - Lung disease such as moderate or severe asthma (takes medicine for asthma one or more days each week)
 - Heart disease requiring medication
 - Any health problem requiring daily medication or regular visits to a specialist (example: diabetes)

4. Does your child have any of the problems listed in the box below?

Yes →

Speak to your child's doctor in the next hour or two. If you do not hear back from your doctor within two hours, go to an Emergency room.

No ↓

- Chest pain
- Stomach pain that is constant or worse with movement
- Sore throat so bad that he/she cannot open his/her mouth widely
- Sore neck preventing him/her from moving it normally in all directions
- Return of fever following 12-24 hours when he/she seemed to be improving
- Vomiting

5. Every 4 hours or so, will your infant or child play, smile, concentrate on an activity? (Read the box below.)

No →

Speak to your child's doctor in the next hour or two. If you do not hear from your doctor within 2 hours, go to an emergency room. You may want to try lowering your child's fever first using the instructions below.

Yes ↓

This is a VERY important question. Most children with the Flu will be tired or crabby much of the time. However, when the fever is brought down with medicines **and the parent works to entertain the child**, a child with simple Flu should perk up, smile and be able to do some activity (play a game, use the computer, take a bottle, whatever is normal for a child to do at this age). This 'happy' period may only last a little while, but such periods are VERY reassuring that a child is not suffering from a serious complication of the Flu.

6. Does your child have any problems not covered in this guideline?

Yes →

Speak to your child's doctor in the next hour or two **if** you are concerned that these problems could mean that your child is having complications from the Flu. (Exception: if the only additional problem is mild diarrhea, then you may answer 'no' to this last question.)

No ↓

Your answers suggest that your child can be treated at home for the Flu. However, you are always the final judge regarding the best care for your child. See below for directions on how to care for your child at home. Print these out for future reference.

HOW TO TREAT THE FLU

1) **Control the fever** for your child's comfort with:

- EITHER Acetaminophen or Ibuprofen as directed on the medication package
- Do not bundle the child; bundling/blankets prevent the fever from coming down.
- NEVER, EVER GIVE ASPIRIN OR ANY PRODUCT CONTAINING ASPIRIN, SUCH AS PEPTO-BISMOL.

- d. The goal is not to bring the fever down to normal but to reduce the fever enough so that your child is comfortable.
- 2) Offer as much **clear liquid** (juices, water, popsicles, Pedialyte) as the child will take. When there is diarrhea, diluted sports drinks (1/2 water, 1/2 sports drink) are particularly good.
 - 3) **Do not allow your child to expose others.** Keep your child at home until 24 hours have passed without the need for a medication to control fever and the child is acting normally. A cough may still be present and may last for another week, but the child is no longer contagious.
 - 4) **If your child has exposed someone** who is at higher risk for the flu, then have that person contact his/her doctor promptly. Persons at higher risk are:
 - pregnant
 - very overweight
 - 65 years of age or older
 - suffer from chronic health problems as described in the box following question #3 above.
 - 5) **Call your child's doctor promptly** for the reasons given above (chest or abdominal pain, vomiting, labored breathing, dehydration, failure to behave normally every 4 hours) or if you have any other reasons to be very concerned about your child.
 - 6) Given the answers to the questions above, **We do NOT advise the use of Tamiflu for your child at this time.** Tamiflu has possible side effects including vomiting and neurological problems. Weighing the benefits against the risks, Tamiflu would be unlikely to be prescribed if you brought your child to a Children's Hospital facility.

WHAT NOT TO DO

- 1) **Do not give cough medications to your child.** The FDA has advised that these medications are ineffective for coughs due to infections in children under 6 years of age. There is no clear evidence these have a benefit over age 6. They may have undesirable side effects. It is most important to realize that a cough is a means by which the child "cleans" his/her lungs of the virus. Suppressing the cough may predispose the child to pneumonia – the most feared complication of the Flu. It is understandable that you want to comfort your child by reducing the cough. However, in this case, the best medicine is no medicine. A cool mist humidifier in the child's room that is thoroughly cleaned every day may help. Salt water nose drops and bulb suctioning the nose may help the congested infant.
- 2) **Do NOT bring the child in simply to "get a swine flu test."** The currently available rapid test often gives negative results for children who actually do have the H1N1 (swine flu) infection. If your child does NOT have the infection, you run the risk of exposure to someone who does (while you are waiting in the doctor's office or Emergency Department).